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## BURGH OF AIRDRIE

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Report by Medical Officer of Health for Year 1952



BURGH · OF AIRDRIE

REPORT BY MEDICAL OFFICER OF HEALTH FOR YEAR 1952



TO THE DEPARTMENT OF HEALTH FOR SCOTLAND

AND

TO THE PROVOST, MAGISTRATES & TOWN COUNCILLORS  
OF THE BURGH OF AIRDRIE

Gentlemen,

I have the honour to present to you a report on the Health Administration of the Burgh during the year 1952.

This Report is furnished in accordance with the request of the Secretary of State as authorised by Sections 79 and 87 of the Local Government (Scotland) Act, 1947.

In format it follows the suggestions made by the Department of Health in Circular No. 98/1952.

It is satisfactory to be able to record that throughout the year the health of the Burgh has been well maintained.

In particular the Infant Mortality was the second lowest ever recorded.

The year has passed without any major outbreak of infectious disease. Tuberculosis still remains a problem, but there are now indications of a more favourable trend in the incidence of the disease and in the mortality from it.

All these points are dealt with at greater length in the body of the Report.

I take this opportunity of thanking the members of the Town Council for their confidence and support, my fellow-officials for the help and assistance which they have unfailingly given me at all times, and the staffs of the Health Department, Nursing Services and Hallcraig Day Nursery for their loyal and conscientious work throughout the year.

I am,  
Gentlemen,  
Your obedient servant,


ROBERT J. LUMSDEN  
M.B., Ch.B., D.P.H.

Medical Officer of Health.



# I N D E X

	<u>Page</u>
List of Staff .....	1
General .....	2-4
Vital Statistics .....	5-9
Administration, co-ordination and joint use of staff .....	10-13
<u>Care of Expectant &amp; Nursing Mothers and Children under School Age</u>	
(a) Expectant & Nursing Mothers .....	13
(b) Child Welfare .....	13-14
(c) Care of Premature Infants .....	14
(d) Supply of Dried Milks .....	14
(e) Dental Care .....	14
(f) Day Nursery .....	14-15
(g) Ante-natal & Post-natal Clinics .....	16
(h) Child Welfare Clinics .....	16
(i) Light Therapy Clinic .....	16
(j) Orthopaedic Clinic .....	16
(k) Dental Clinic .....	16-17
(l) Maternal Mortality .....	18
<u>Domiciliary Midwifery</u>	
General and Statistics .....	19-25
<u>Health Visiting Service</u>	
General and Statistics .....	26-31
<u>Home Nursing Service</u>	
General and Statistics .....	32-33
<u>Domestic Help Service</u>	
General and Statistics .....	34
<u>Vaccination and Immunisation</u>	
General and Statistics .....	35-39
<u>Prevention of Illness, Care and After-Care</u>	
(a) Tuberculosis .....	40-51
(b) Other Illnesses generally .....	52
(c) Care of Old People	
(i) Homes or Hostels .....	52
(ii) Hostel or similar accommodation .	52
(iii) Housing on medical grounds .....	53
(iv) Home Helps .....	53
(v) Old People's Clubs .....	53
(d) Charitable Bequests & Endowments .....	54
<u>Control of Infectious Diseases</u>	
(a) Notifiable .....	55-56
(b) Non-notifiable, scabies etc. ....	57
<u>Mental Health Service</u>	
General and Statistics .....	58
Nurseries & Child Minders Reg. Act, 1948 .....	58
School Health Service .....	59
Port Health Service .....	59
Food Supply .....	59
National Assistance Act .....	60
Nursing Homes Reg. (Scotland) Act, 1948 .....	60
Health Education .....	61
General Sanitation .....	61
Superannuation .....	62
Milk & Dairies / Food & Drugs )	
Housing / Factory Act, 1937 ) .....	62-64



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HEALTH DEPARTMENT

List of Staff

Medical Officer of Health

Robert J. Lumsden, M.B., Ch.B., D.P.H.

Superintending Nursing Officer

Miss E. Strong, R.G.N., R.F.N., S.C.M., Q.N., H.V.

Health Visitors

Miss M. McCallum, R.G.N., R.F.N., S.C.M., H.V.

Miss K. McCann, R.G.N., R.F.N., S.C.M., H.V.

Miss M. Gilmour, R.G.N., R.F.N., S.C.M., H.V.

Mrs. A. Kirk, R.G.N., S.C.M., H.V. (resigned 30/11/52)

Tuberculosis & Infectious Disease Nurses

Miss I. Bannerman, R.G.N., R.F.N., S.C.M., H.V.

Mrs. C. Nicol, R.G.N., R.F.N., S.C.M.

Trainee Health Visitors

Miss M. Sweeney, R.G.N., S.C.M.

Miss I. Black, R.G.N., S.C.M.

Miss M. Park, R.G.N., S.C.M. (Part I). (Appointed 2/2/53)

Home Nurses.

Miss H. McFadden, R.G.N., R.F.N., S.C.M., Q.N.

Miss H. Brown, R.G.N., S.C.M., Q.N.

Miss M. Mair, R.G.N., Q.N.

Mrs. D. Scott, R.G.N., S.C.M.

Authorised Officer & Welfare Officer (Home Help Service)

Daniel Scott

Dental Officer

Miss M. Hinshelwood, L.D.S.

Dental Attendant

Miss M. Gardner

Matron of Day Nursery

Miss C. Stark, R.G.N.

Clerical Staff

Mrs. J. Pattman - Secretary

Miss A. Hendrie

Miss N. Vernal

Miss M. Gartshore



### GENERAL

The Burgh of Airdrie was established by Act of Parliament in the year 1821 and its original boundaries have since then been further extended by additional legislation.

Its area at the end of 1950 was 2,068 acres. On May 10th, 1951, The Airdrie Provisional Order Confirmation Act, 1951, received the Royal Assent and the effect of this was to add a further 841 acres to the Burgh making the total area now 2,909 acres. The new area extends to the North, East and South of the previous boundaries and provides good additional sites for future development. The village of Moffat Mills is now included within the Burgh.

No. of inhabited houses (September, 1952)	-	8,109
Total rateable valuation (1951-52)	-	£212,218: -: -.

### Water Supply.

The water supply of the Burgh is furnished by the Airdrie, Coatbridge and District Water Board. This undertaking draws its supplies mainly from upland sources, the catchment area extending to 3,550 acres. There are impounding reservoirs on the Shotts burn in the Parish of Shotts and on Eastside and Cowgill burns in the Parish of Lamington and Wandell.

There are also service reservoirs at Roughrigg, Moffat Mills and at Cowgill, Biggar.

In emergency extra water can be drawn from Dewshill Pit, Salsburgh and Lily Loch, Caldercruix.

There are slow sand filters at Roughrigg. During the war chlorination plant was installed at Roughrigg and Cowgill and the supply has been treated since.

Increased demand, combined with a succession of dry seasons, has taxed the capacity of the waterworks very severely and at the end of the year the levels of the various reservoirs gave cause for concern. Supplies are not likely to be fully adequate to obviate this anxiety until the new Daer Valley scheme is in operation. This will probably not be until 1955.

During the year a new micro-straining plant was inaugurated at Roughrigg and the preliminary experience of the operation of this has been encouraging.

Recent analyses (21.6.52) are given below as an indication of the physical and chemical characteristics of the Cowgill and Roughrigg supplies.

### Cowgill.

Mineral Matter	3.1 grains/gall.
Organic Matter	0.4
Total Solid Matter	3.5
Nitrates/	



Nitrates as Na NO <sub>3</sub>	None.
Free Ammonia	.001
Albuminoid Ammonia	.003
	<hr/>
Total Ammonia	.004
Temporary Hardness	1.54
Permanent Hardness	0.42
	<hr/>
Total Hardness	1.96
Colour (Glasgow Supply 10)	8
pH value	7.0

Roughrigg.

Mineral Matter	10.2 grains/gall.
Organic Matter	1.0
	<hr/>
Total Solid Matter	11.2
Nitrates as Na NO <sub>3</sub>	None.
Free Ammonia	.002
Albuminoid Ammonia	.006
	<hr/>
Total Ammonia	.008
Temporary Hardness	7.05
Permanent Hardness	.20
	<hr/>
Total Hardness	7.25
Colour (Glasgow Supply 10)	20
pH value	7.9

"Both samples as received contained traces of suspended matter and the clear waters had a slight brown colour due to the presence of unobjectionable peaty matter. The analysis shows Cowgill to be a soft water and Roughrigg a water of moderate hardness. Neither contained any detectable trace of animal matter or sewage".

In view of the evidence which has accumulated elsewhere that the presence of fluorine in water supplies is beneficial in reducing dental caries, analyses were carried out to determine the amount of this element available in our present supplies. It was shown that Roughrigg water contained 0.2 parts Fluorine per million and Cowgill 0.1 parts per million. Both these results were well below the desirable figure of 1.0 parts per million. Consideration is at present being given to the problem of artificially increasing the fluorine level as this would appear to be a valuable public health measure.

Sewage Disposal.

The sewage disposal arrangements are of the most modern kind. After the usual preliminary treatment, the plant installed subjects sewage to a bio-aeration process with subsequent sludge digestion. The final product is dried in shallow lagoons and finds a sale as manure.

Construction/



Construction is at present under way for a large extension to the sewage works. This has been necessitated by the general growth and development of the Burgh.







VITAL STATISTICS - 1952

Population.

The 1951 Census figure (8th April) gave the population as 30,647, and the mid year estimate was 30,832.

The vital statistics supplied for this year are calculated on the Registrar-General's mid year estimate of 31,309, an increase of 477.

Density of Population.

In 1951 the density of population was 10.60 persons per acre.

The figure for 1952 is 10.76.

Natural Increases of Population.

This is the excess of births over deaths. For the year it amounts to 297. Last year the figure was the same.

Births.

The figures given are corrected for transfers

	<u>Numbers</u>	<u>Rate</u>
All live births	612	19.5 (per 1000 of estimated pop.)
Illegitimate births	16	2.6 (per 100 live births)

Since the beginning of 1939 it has also been compulsory to register still births. Of these 24 were so registered, equivalent to a rate of 37.7 per 1000 total births.

For 1951 the rate was 24.

Marriages.

The number registered was 284, equivalent to a marriage rate of 9.1 marriages per 1000 of the total population, the figure for last year being 7.7.

Deaths.

After allowing for transfers, the number of deaths registered during the year was 315, giving a corrected death rate of 10.1 per 1000 of the estimated population.

The death rate, after adjusting it for the age and sex distribution of the local population and so making it generally comparable with the rest of Scotland, was 11.6, considerably below last year's figure of 13.0.

Epidemic Death Rate.

This is the death rate from the principal epidemic diseases (in Scotland, typhoid and paratyphoid fevers, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles) per 1000 of the estimated population.

For/



For the year it was 0.10, the same as in the previous year.

Infantile Mortality.

This is the number of deaths of infants under 1 year of age expressed per 1000 of all live births.

During the year the figure was 38, substantially better than last year's rate of 54.

The subject of Infantile Mortality is discussed more fully under the heading of Child Welfare, where figures for previous years are given for comparison.

Principal Causes of Death.

The chief certified causes of death as given by the Registrar General are as follows:-

Heart Disease and circulatory disease (other than cerebral) .....	122
Cancer and other malignant diseases .....	49
Cerebral Haemorrhage .....	46
Respiratory Tuberculosis .....	6
Congenital debility, Prematurity, Malformation etc. ....	12
Pneumonia .....	8
Bronchitis .....	15

No other category included more than 5 deaths.

There were 9 deaths from violence, including 3 road accidents and 1 suicide.



PRINCIPAL CAUSES OF DEATH FOR 1947 - 1951 FOR COMPARISON

CAUSE	Number of Deaths				
	1947	1948	1949	1950	1951
Heart Disease etc.	101	94	119	115	120
Cancer and other malignant disease	41	48	45	59	48
Cerebral Haemorrhage	31	36	35	30	40
Congenital debility, Prematurity, Malformation	14	20	16	17	12
Bronchitis	11	11	12	18	20
Respiratory Tuberculosis	15	14	20	15	14
Pneumonia	12	13	10	16	10

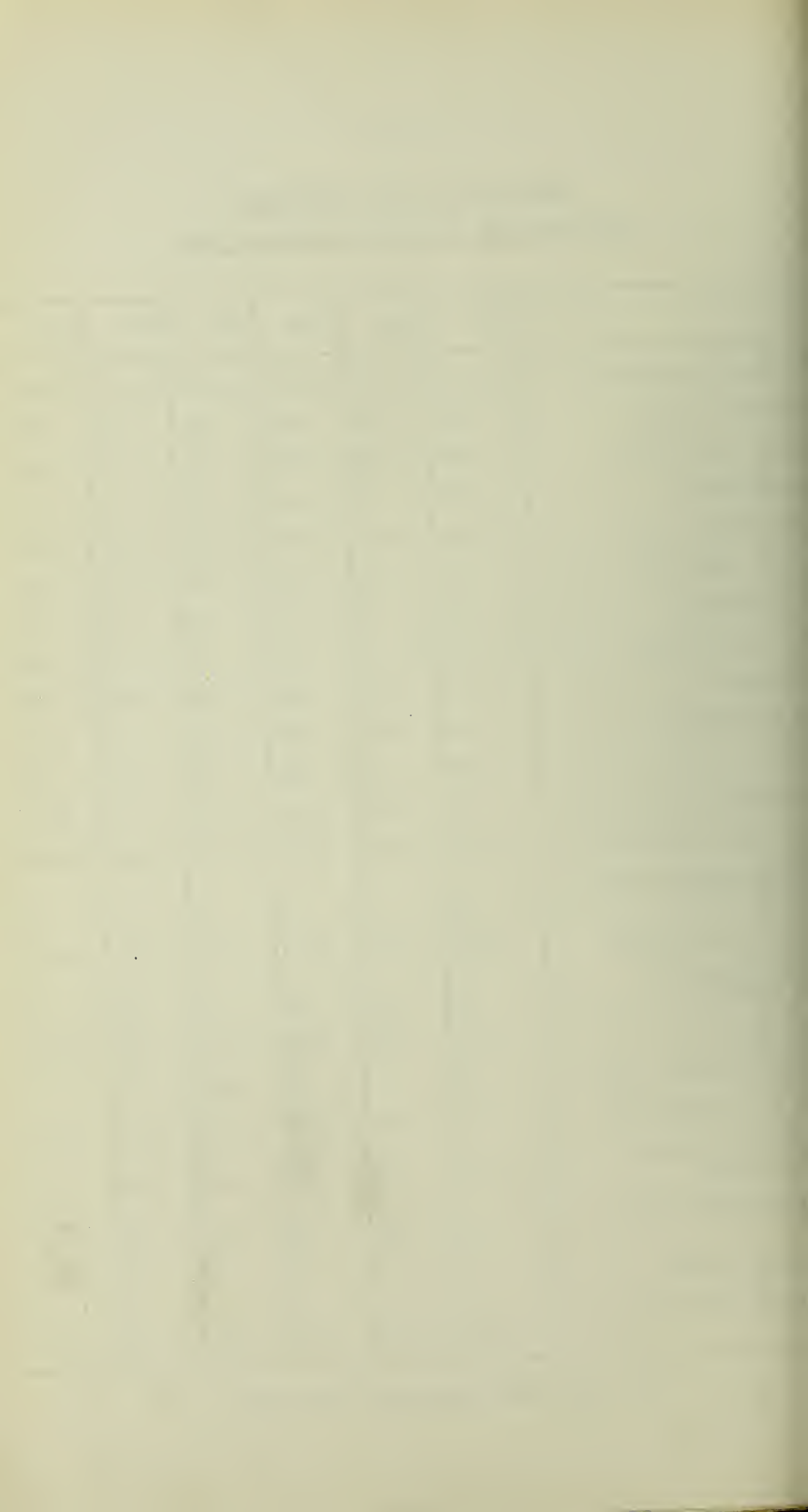




SYNOPSIS OF VITAL STATISTICS  
1952 COMPARED WITH FIVE PREVIOUS YEARS

	1947	1948	1949	1950	1951	1952
Estimated Population	30,248	30,645	30,657	30,530	30,832	31,309
Natural Increase	439	335	368	230	297	297
Births (all live)	729	678	693	562	648	612
Illegitimate	27	24	30	17	23	16
Birth Rate	24.1	22.1	22.6	18.4	21.0	19.5
Illeg. Birth Rate	3.7	3.5	4.3	3.0	3.5	2.6
Still Births	40	20	15	19	16	24
Still Birth Rate	52	29	21	33	24	38
Marriages	278	309	283	280	236	284
Marriage Rate	9.2	10.1	9.2	9.2	7.7	9.1
Deaths	290	343	325	332	351	315
Death Rate (corrected)	9.6	11.2	10.6	10.9	11.4	10.1
Death Rate (adjusted)	11.0	12.8	12.1	12.5	13.0	11.6
Deaths from Epidemic Disease	2	4	4	2	3	3
Epidemic Death Rate	0.07	0.13	0.13	0.07	0.10	0.10
Deaths from T.B. (all forms)	19	19	25	15	16	7
Death Rate	0.63	0.62	0.82	0.49	0.52	0.22
Deaths from Pul. T.B.	15	14	20	15	14	6
Pul. T.B. Death Rate	0.50	0.46	0.65	0.49	0.45	0.19
Deaths of Infants under 1 year	25	39	26	28	35	23
Infantile Mortality Rate	34	58	38	50	54	38
Maternal Deaths	2	0	0	0	0	1
Maternal Mortality Rate	2.74	0.00	0.00	0.00	0.00	1.6

For additional notes see next page.





NOTES:

Population estimates are supplied by the Registrar General.

The various rates are calculated as follows:-

- |                          |   |  |
|--------------------------|---|--|
| Birth Rate               | - | number of live births per 1000 of estimated total population.  |
| Illegitimate Birth Rate  | - | number of illegitimate births per 100 live births.   |
| Still Birth Rate         | - | number of still births per 1000 total births (including still births)  |
| Marriage Rate            | - | number of marriages per 1000 of total population.  |
| Death Rate (corrected)   | - | number of deaths per 1000 of estimated total population. For war years per 1000 of estimated civil population.   |
| Death Rate (adjusted)    | - | this is an index of the number of deaths per 1000 which might have been expected to occur had the age and sex constitution of the Burgh's population been the same as for the whole of Scotland. |
| Infantile Mortality Rate | - | the number of deaths of children under 1 year per 1000 live births.  |
| Maternal Mortality Rate  | - | the number of maternal deaths per 1000 live births.  |



A. Local Health Authority Functions.

1. Administration.

The functions of the local health authority are administered by the Health Committee to which the Medical Officer of Health and the Sanitary Inspector are severally responsible for various aspects of the composite services.

Details of the Sanitary Inspector's activities are dealt with in his own separate report.

The Medical Officer of Health now is mainly concerned with administering the services which are the responsibility of the local authority under the provision of the National Health Service (Scotland) Act, 1947. Minor duties under other enactments are referred to in the body of the report.

The various nursing services are under the immediate control of a Superintending Nursing Officer who is responsible to the Medical Officer of Health.

These nursing services comprise:-

- (a) Health Visitors - a staff of 6 health visitors carry out the routine work of maternal and child care including domiciliary visitation and the staffing of various clinics
- (b) Tuberculosis and infectious disease nurses - two nurses are employed on these duties. One is a qualified health visitor. The nurses do domiciliary visitation and assist at the tuberculosis diagnostic and treatment clinics run by the Hospital authorities
- (c) Domiciliary midwives - a staff of 5 domiciliary midwives live together in a house provided and run by the local health authority and from there carry out all the domiciliary midwifery in the Burgh. There are now no part-time midwives and none in private practice.
- (d) District nurses - there are four nurses carrying out home nursing duties. These are not direct employees of the health authority but are provided by Airdrie & District Nursing Association under a shitable financial arrangement with the authority.

The Medical Officer of Health also controls a Dental Clinic service staffed by a qualified dentist and a dental attendant.

There is an office staff of 4 persons.

The Clinical Tuberculosis Officer, who is employed by the Hospital Authority, has an office in the same building as the Health Department with a personal clerkess. Records are held in common and there is thus very close co-ordination of the clinical and administrative sides of tuberculosis control.

The/



The Home Help Service, while nominally under the control of the Medical Officer of Health, is administered from day to day by the Welfare Officer with the advice, assistance and supervision of the Superintending Nursing Officer and her Health Visitor staff.

There is a Day Nursery with a Matron directly responsible to the Medical Officer of Health.

A detailed list of staff is given at the beginning of this Report.

## 2. Co-ordination and Co-operation with other parts of the National Health Service.

At committee level there is in the area a Co-ordinating Committee set up in terms of Sect. 30 of the National Health Service (Scotland) Act, 1947.

On this there are representatives of the Lanarkshire local authorities, the Lanarkshire Local Executive Council, of the Hospital Management Boards in Lanarkshire and of the Western Regional Hospital Board.

It is perhaps rather early to say how useful this body will be but it at least provides a forum for the joint discussion of mutual problems.

Among the medical officers of health of the area the Lanark County Medical Officer has taken the initiative in convening meetings of his colleagues and these have been held on several occasions and have proved most useful in ensuring that the services in the various areas have some common plan.

The amount of co-ordination between the branches of the Hospital Service and the Health Department varies a good deal.

As regards Tuberculosis and the Maternity Services there is very complete co-operation.

The Tuberculosis Physician has his office in the premises of the Health Department, records are held in common, and there is free exchange of information at every stage.

Much the same is true of hospital midwifery. The local authority ante-natal clinic is conducted by an obstetrician from Bellshill Hospital and the nursing staff is provided by our Health Visitors. All necessary treatment and after care is easily arranged and the Health Visitors' knowledge of the domestic environment is readily at the disposal of the Obstetrician.

As regards infectious disease we have lost ground as compared with the state of affairs which prevailed before 1948. Cases are, of course, still notified to us as before and to a large extent the doctors still rely on the Health Department to make arrangements for getting their patients into hospital. After the patients have gone to hospital we continue to keep ourselves informed of their progress because the public still regard the Health Department as the appropriate place to make enquiry as to how their relatives are getting on. Discharge intimations also continue to be received/





received since these are necessary for the operation of school exclusion arrangements and so on.

It is, however, on the bacteriological side that things have deteriorated. Before 1948 we used to receive from the Bacteriological Laboratory a Daily Work Sheet showing all the work relating to infectious disease which was passing through it from our own area. This provided a most useful guide as to what was happening in the community and it was often possible with such overall knowledge to initiate useful and timeous action. Now we have no advance information whatever of the problems being faced by the general practitioners. Strenuous efforts have been made to have the position restored but so far without success.

One cannot help feeling that the National Health Service was wrong in taking the hospital treatment of tuberculosis and infectious disease so completely out of the hands of the Health Departments.

It is not difficult to envisage the difficulties which may arise in future when the present generation of Medical Officers of Health is replaced by an other which has had little or no practical experience of community diseases.

As regards other branches of the hospital service the organised co-operation is less. Generally we only hear of what is happening when assistance either from district nurse or home help is required for a discharged patient. The hospital almoners maintain fairly close contact in such matters and they also appeal to us in housing difficulties.

We do, however, have fairly close contact with orthopaedic patients since we provide clinic premises for a weekly session conducted by the Orthopaedic Surgeon from Hairmyres. It is hoped eventually to arrange for a hospital physio-therapist to provide out-patient treatment locally in our clinic premises.

Co-operation with general practitioners in the area is largely informal. They are all known to us personally and they make free use of the local authority nursing services. A telephone call is generally all that is required to ensure that they are given all possible help.

For the information of the general public a general guide to the Health Services has been published and distributed and information is also available in the Tenants' Handbook.

General practitioners are generally well aware of the services available and any new developments are communicated to them through the Local Medical Committee.

#### .. Joint Use of Staff.

One practitioner who is doubly qualified in medicine and dentistry is employed on a sessional basis as a dental anaesthetist.

Another general practitioner is employed on a fee-basis to carry out the statutory visits to certified mental defectives/





defectives and boarded-out lunatics. Otherwise no general practitioners are employed by the local health authority.

As detailed in the preceding paragraph there is some joint use of nursing staff in running clinics and some joint use of local authority premises.

The local authority's medical officer does not do any part-time clinical work for the Hospital Board but he still retains a foothold in one of the hospitals for clinical work in connection with the Burgh Superannuation Scheme.

#### 4. Care of Expectant & Nursing Mothers and Children under School Age. (NHS(S)A.1947,sect.26)

##### (a) Expectant & Nursing Mothers.

A weekly ante-natal clinic is held in the local authority's premises at Wellwynd. The medical staffing is by a specialist obstetric officer generally of registrar grade supplied by Bellshill Hospital. The nursing staff is provided in rotation from the Health Visitor staff. The patients who attend are either those booked for hospital confinement or are domiciliary cases sent by their own doctors for consultation.

The fullest clinical supervision is available including routine blood tests. Specimens are examined at the Regional Laboratory in Hamilton. This clinic has developed very rapidly and the present accommodation is overtaxed. Proposals to enlarge the premises are under discussion.

Special consideration is always given to unmarried mothers in the way of admission to hospital and other assistance and advice is always freely available. Post-natal examinations are generally carried out at the hospital.

Nursing mothers receive advice at the Child Welfare Clinics (see below) and advice in Mothercraft is given by the Health Visitors either to individuals or to small groups. A film projector is available and a suitable library of film strips is being built up to improve the teaching facilities.

Maternity outfits, to the Department of Health specification, are supplied free of charge to all mothers having a home confinement.

The domiciliary midwives carry out routine ante-natal visits to their booked cases and in addition a weekly nurses' clinic is held where mothers attend and receive instruction regarding their general welfare and where they are also familiarised with the analgaesic apparatus carried by all the midwives.

##### (b) Child Welfare.

There is now one main child welfare clinic held on Wednesday and Thursday afternoons each week at Wellwynd and two subsidiary or peripheral clinics. One of the latter, at Arranview Children's Home, serves the northern part of the town and opens on Tuesday and Wednesday afternoons. The other is at present held in Clarkston Welfare Hall on Wednesday afternoons. This is in the east of the town where housing development is at present greatest. It is hoped that in the near future it will be replaced by a proper ad hoc building, the/.



the plans for which are at present under discussion.

Medical consultation is available one afternoon each week at the main clinic and one afternoon a month at the Arranview Clinic. Vaccination and diphtheria immunisation are also available.

Cases from these clinics can be referred to any required specialist if the family doctor approves. The Tuberculosis Physician and the Orthopaedic Surgeon are particularly accessible since they conduct regular clinics in the authority's own premises.

Heliotherapy services are provided by the local authority in the Wellwynd premises.

So far there has been no request by practitioners for assistance at their own clinics.

(c) Care of Premature Infants.

The Health Visitors devote special attention to premature infants being reared in their own homes. Where necessary daily visits are paid and equipment loaned. It is sometimes possible to have premature infants admitted from the district to Bellshill Hospital nursery but the accommodation there is very limited. An adequate prematurity baby unit is an urgent necessity for this area and it is earnestly to be hoped that its provision will not be much longer delayed. The details of infant deaths given elsewhere in the report show how greatly deaths ascribed to prematurity load our infant mortality figures.

(d) Supply of Dried Milks etc.

The Ministry of Food has a local depot for the issue of welfare foods and the Health Department plays no part in their distribution.

We do, however, make available a wide range of dried milks and other nutrients for the use of children attending our clinics, and who require them for medical reasons.

These are all retailed at cost price.

(e) Dental Care.

The health authority provides a complete dental service for the priority classes. There is at Wellwynd a well-equipped dental surgery, staffed by a fully-qualified dental surgeon and a dental attendant.

A practitioner who specialises in dental anaesthesia attends as required and is remunerated on a sessional basis. Nursing assistance to patients undergoing general anaesthesia is provided by the Health Visitors in rotation.

(f) Day Nursery.

The premises at Hallcraig House which were opened as a War-time Nursery on December 22nd, 1942, continued in operation. It is approved for training.

Number/



Number of approved places

0-2 years ..... 15  
2-5 years ..... 35

Number of children on register at end of year

0-2 years ..... 6  
2-5 years ..... 28

Average daily attendances during year

0-2 years ..... 5  
2-5 years ..... 28

The table below gives particulars of the attendances at the Nursery during 1952 compared with the previous year.

No. of individual children on roll.		Total number of attendances.	Average length of attendance per child.	Average daily attendance
1951	86	5,792	67.4	35.1
1952	82	6,333	80.9	30.3

There has been a considerable slackening of demand for the services provided by the Nursery.

At the end of 1951 the waiting list was 60 but by the end of 1952 it had fallen to nil.





Details of Attendances

Ante-natal and Post-natal Clinics.

(a) No. of local authority clinics provided at end of year .....	1
(b) No. of women attending during year .....	202
(c) Total attendances during year .....	1,158

Child Welfare Clinics.

(a) No. of local authority clinics provided at end of year .....	3
(b) No. of children attending under 1 year .....	378
over 1 year .....	157
(c) Total attendance under 1 year .....	4,334
over 1 year .....	994
(d) No. of clinics provided by Voluntary Organisations .....	Nil.

Light Therapy Clinic.

(a) Total number of new patients attending during year .....	24
(b) Total number of attendances during year .....	848

Orthopaedic Clinic.

(a) Total number of new patients attending during year .....	254
(b) Total number of attendances during year .....	655

Dental Clinic.

The Dental Clinic providing priority dental services to mothers and young children continued to function satisfactorily during the year and is being increasingly taken advantage of.

Miss Margaret Hinshelwood, L.D.S., provides the following statement of the work done during 1952. (See following page).





Scheme	Total No. of Patients		Attend- ances for Treat- ment	Extractions				Dentures					Fillings		Other Con- serva- tive Treat- ment
	Male	Female		Anaes. Local	Teeth	Anaes. General	Teeth	Upper or lower	Upper & lower	Partials	Remake	Repair	Teeth Temp.	Teeth Perm.	
Expectant & Nursing Mothers	-	291	1183	199	309	26	195	30	30	47	-	7	-	574	434
Pre-School Children	148	165	297	66	102	160	467	-	-	-	-	-	146	-	-
Total	148	456	1480	265	411	186	662	30	30	47	-	7	146	574	434



MATERNAL MORTALITY

One maternal death occurred during the year. This was the first since 1947. The case was one of ruptured ectopic pregnancy which was operated on in hospital. Death resulted from continued haemorrhage and the surgeon in charge considered that the patient had in addition an haemorrhagic diathesis.

Had it not been for this, recovery would almost certainly have resulted. The Registrar-General, however, would not agree to re-classify the death as being in the category "Diseases of the Blood and Blood-forming Organs".

Figures for the previous ten years are given below.

Year	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Maternal Deaths	1	3	1	0	2	0	0	0	0	1
Maternal Mortality Rate per 1000 live births	1.44	4.85	1.74	0.00	2.74	0.00	0.00	0.00	0.00	1.6

Puerperal Fever & Puerperal Pyrexia.

Notification was received in respect of 2 cases of puerperal pyrexia. They were removed to hospital and subsequently made a satisfactory recovery.

There were no cases of puerperal fever.



5. Domiciliary Midwifery (N.H.S.(S)A.1947.Sect.23)

In accordance with the provisions of the Maternity Services Act of 1937, the Burgh of Airdrie formulated a scheme to provide a comprehensive domiciliary midwifery service and after it had received the approval of the Department of Health for Scotland the Scheme came into operation on January 1st, 1940.

In subsequent years the Service gradually developed until by 1947, 5 full time midwives were in the employment of the Town Council and they, together, were responsible for carrying out by far the greater proportion of the domiciliary midwifery work of the town.

A house "Oakbank", Clark Street, Airdrie, was purchased in 1945 and since then it has been maintained as a residential home for the midwives. Each nurse has her own bed-sitting room and there is also a lounge and dining room for common use. A domestic staff of two assists in the running of the Home.

This was the position at the beginning of 1948 and work continued on the same lines as before until July 5th.

At that date the duty to provide a service of this kind ceased to be in respect of the old Maternity Services Act which was partly repealed and was instead placed on the local authority by Sect. 23 of the new National Health Service (Scotland) Act of 1947.

No outward change, however, resulted and for the remainder of the year the service continued exactly as before.

The problem of transport for midwives was referred to in a previous report and it was explained that during the day they travelled by 'bus, tram or bicycle, and that at night they were allowed to hire a taxi when distance or urgency suggested the need for so doing.

They are also authorised to engage a taxi for the transport of the gas-air apparatus.

During 1952 these arrangements were continued and worked smoothly and satisfactorily.

All the nurses now employed are qualified to administer gas-air analgesia.

One hundred and forty cases had nitrous oxide during the year. Pethidine was also extensively employed on the instructions of the medical practitioner attending. It was given in 178 confinements.

During the year no cases was undertaken by the midwives without a doctor being also engaged to provide maternity medical services under the Local Executive Council arrangements. Non-medical supervision is carried out by the Superintending Nursing Officer who consults the Medical Officer of Health in any difficulty.

There are no private practising midwives resident in the area.

In/



In addition to routine ante-natal visits in the patients' own homes, we also hold a weekly clinic where the midwives can see their patients in more convenient surroundings and where they can give them practical instruction in the use of the gas-air apparatus and in various aspects of mothercraft.

Mothers who are unable to have their confinement at home because of social reasons are referred to the ante-natal clinic with a recommendation for hospital admission. Bellshill Hospital admissions are now controlled so as to ensure that such cases have special consideration. During the year one member of the staff attended the Refresher Course run by the Royal College of Midwives. It is the present practice to send someone each year.

By arrangement with Bellshill Hospital, pupil midwives are given opportunities to participate in the work of the area.





Midwifery Statistics.

(1) Total no. of births occurring in the area during the year (before correction for mother's residence)

Live births - 682      Still births - 15      Total - 697

(2) Total no. of births in (1) occurring in institutions - 380

(3) Total no. of births in (1) occurring at home - 317

	Cases dealt with under Sect. 23(2) of the National Health Service (Scotland) Act, 1947.			Other Domiciliary Cases.			Total
	Doctor engaged & present at confinement.	Doctor engaged & not present at confinement.	Midwife alone (no doctor engaged.	Doctor engaged.	Midwife alone no doctor engaged.	Without doctor or Midwife.	
Midwives employed by the authority (including those on a fee-per-case basis)	38	278	-	-	-	-	316
Midwives employed by voluntary organisations	-	-	-	-	-	-	-
Midwives employed by hospital boards of management	-	-	-	-	-	-	-
Private practising midwives	-	-	-	-	-	-	-
Totals	38	278	-	-	-	-	316



Medical Aid.

- (a) No. of cases in which medical aid was summoned during the year under Section 22(1) of the Midwives (Scotland) Act, 1915, by a Midwife
- |                              |   |   |       |   |   |
|------------------------------|---|---|-------|---|---|
| (i) for Domiciliary Cases    | - | 0 | Total | - | 1 |
| (ii) for Institutional Cases | - | 1 |       |   |   |
- (b) No. of cases in which medical aid was summoned during the year for cases where the medical practitioner had agreed to provide maternity medical services under the National Health Service ..... 38

Administration of Analgesics.

- (a) No. of midwives in practice in the area qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board for Scotland.
- |                      |   |   |       |   |    |
|----------------------|---|---|-------|---|----|
| (i) Domiciliary      | - | 6 | Total | - | 11 |
| (ii) In Institutions | - | 5 |       |   |    |
- (b) No. of domiciliary midwives who received their training during the year ..... Nil
- (c) No. of sets of Apparatus for the administration of Analgesics in use at 31st December, 1952, by Domiciliary Midwives employed by the Authority or employed by voluntary organisations in the Authority's area ..... 3
- (d) No. on order at 31st December, 1952 ..... Nil
- (e) No. of cases in which Analgesics were administered by midwives in domiciliary practice during the year ..... 140
- (f) No. of cars in use by midwives at 31st December, 1952 ..... Nil
- (g) No. of cases in which pethidine was administered by midwives in domiciliary practice during the year. (Only given on direct instructions of medical practitioner) ..... 178

Gas-air Analgesia.

Doctor not present	124
Doctor present	16

Pethidine Administered.

Doctor not present	151
Doctor present	27



MIDWIVES (SCOTLAND) ACT, 1915

## STATISTICS OF BIRTHS OCCURRING IN BURGH DURING 1952

Statutory Report in terms of Sect. 23 of the Act

Item.	Total (i.e. all cases occurring in area)	Domiciliary cases under Sect. 23(2) of the National Health Service (Scotland) Act, 1947.				Cases attended by Midwives in Airdrie House.		Cases not attended by either doctor or midwife.	Cases attended by private nurse or doctor.
		Doctor engaged & present at confinement.	Doctor engaged & not present at confinement.	Midwife alone (no doctor engaged)	From Airdrie	From Coat-bridge or elsewhere			
Births (including still births)	697	38	279	-	191	189	-	-	
Deaths of new born children within 14 days of birth	4	-	1	-	1	2	-	-	
Still Births	15	3	7	-	2	3	-	-	
Cases of Ophthalmia Neonatorum	1	-	-	-	1	-	-	-	
Puerperal Sepsis. Cases Deaths	-	-	-	-	-	-	-	-	
Puerperal Pyrexia. Cases Deaths	2	-	1	-	-	-	-	1*	

\* Abortion



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Cases of Emergency under Section 22 of the Midwives  
(Scotland) Act, 1915

One.

Midwives in Area - Notifications Received of Intention  
to practice

Year	Resident in Airdrie	Resident outwith Airdrie
1943	6	4
1944	6	4
1945	10	4
1946	7	7
1947	10	7
1948	7	5
1949	8	4
1950	12	4
1951	13	3
1952	10	1

General Report on the Working of the Acts

The general working of the Acts is satisfactory.  
There do not appear to be any points calling for special  
comment.



MATERNITY HOSPITAL ADMISSIONS - 1952

Airdrie Cases only

Type of Case	Airdrie House	Calderbank House	Bells-hill	Rotten-row	William Smellie Hosp.	Private
<u>Emergency</u>						
(a) Scheme	-	-	23	-	-	-
(b) Non-scheme	-	-	-	-	-	-
Pre-arranged admission	191	16	86	5	9	14
Totals	191	16	109	5	9	14



6. Health Visiting Service. (N.M.S.(S)A.1947, Sect.24)

Six Health Visitors are now employed. This number is in accordance with the recommendations of the Scientific Advisory Committee under the chairmanship of Sir John Boyd Orr (as he then was) set up by the Secretary of State in 1943 to consider the question of "Infant Mortality in Scotland". Even at that time the Report referred to the views of some authorities who considered that even more generous provision might be required. Probably that is even more true today now that the Health Visitor is envisaged as having much wider duties than in the past, and available to give advice and assistance to all members of the family. Nevertheless the present staff does enable us to provide a very comprehensive service.

Unfortunately, for some time past, we have been unable to get fully trained Visitors to replace those leaving.

To overcome this we introduced a Trainee Scheme about 2 years ago and suitable candidates have been engaged as Trainee Health Visitors and then sent off either to Glasgow or Edinburgh to attend the course of training for the Health Visitor's Certificate.

During their absence for this purpose the local authority pays a subsistence allowance and meets all fees. As a condition of this assistance the Trainee agrees to stay with the authority for two years after qualification. So far one Trainee has completed the course and qualified, one was in training at the end of the year and one was awaiting her turn to go to a course. The result has been, however, that during most of the year we have only had available the services of 5 nurses for the actual work of the department.

The Health Visitors carry out routine domiciliary visitation of all children and also give advice to expectant and nursing mothers. They also attend at the various child welfare and ante-natal clinics, assist at immunisation sessions and attend at the local schools in connection with the routine visits for diphtheria prophylaxis. They also carry out the nursing duties at other clinics held by the Specialist Officers of the hospital authority within the Burgh, and at the Dental Clinic on days when patients are having general anaesthesia.

It has not been possible so far to extend their duties very much more widely although regular visits are paid to an Old Persons' Hostel owned by the local authority and assistance is always provided in specific cases on request, generally in co-operation with the hospital almoner services.

Apart from a steady increase in the actual volume of work falling upon the Health Visitors, the increased dispersal of the population in new housing schemes means that much more of their time than formerly is now spent on travelling and walking between visits. Districts have been arranged so as to reduce this unproductive time as much as possible.

Every effort is made by the Health Visitors to guide and assist mothers in the care of their children and to educate them in the proper principles of their nutrition and upbringing.

A film projector has been obtained during the year and increasing/





increasing use is being made of informal talks and demonstrations to small groups in educational work of this kind.

The intimate contact which the Health Visitors have with the homes also enables them to bring prominently to the notice of mothers all the facilities which are provided for the children's welfare.

This is notably so as regards diphtheria immunisation, the use of vitamin supplements and the care of the teeth.

Opportunities are given for attendance at suitable Refresher Courses for Health Visitors.

Details of the work done at the Clinics and by the Health Visitors will be found elsewhere.

Two other nurses are also employed by the Authority and their duties are purely in connection with infectious disease - particularly the domiciliary supervision of tuberculous cases. They assist also at the Tuberculosis Clinics. One of these nurses is also a qualified Health Visitor.

Extra office accommodation for Health Visitors was provided on the upper floor of the building which the Town Council acquired in 1948 for adaptation as a Dental Clinic.

The Superintending Nursing Officer organises and controls the work of the Health Visitors and other Public Health Nurses and also acts as Superintendent of Midwives and exercises a general supervision over the work of the Home Nursing Service. She is responsible too for supervising the selection and to some extent the work of the Home Helps.



INFANTILE MORTALITY

During the year under review there were 23 deaths of infants under one year of age. This number gives an infantile mortality rate of 38 per 1000 live births and compares with the figure of 35 for the whole of Scotland.

The still birth rate, however, was 38 compared with the Scottish average of 27 and this was rather above last year's figure of 24.

The experience of Airdrie, in respect of infantile mortality compared with the whole of Scotland for the last 20 years, is given in the table below.

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INFANTILE MORTALITY RATES

Year.	Airdrie.	All Scotland.	Year.	Airdrie.	All Scotland.
1933	113	81	1943	75	65
1934	77	78	1944	79	65
1935	75	77	1945	73	56
1936	59	82	1946	47	54
1937	75	80	1947	34	56
1938	89	70	1948	58	45
1939	82	69	1949	38	41
1940	116	78	1950	50	39
1941	80	83	1951	54	37
1942	71	69	1952	38	35

It will be noted from the figures given above how very marked has been the reduction in infantile mortality during recent years.



# Infantile Mortality.

The actual causes as certified of the 23 infant deaths which occurred during the year were as follows:-

	Male	2 months old	Cardiac failure
	Male	1 " "	Congenital heart disease: prematurity
	*Female	4 " "	Broncho-pneumonia
	Male	4 " "	do.
	*Female	3 weeks "	Spina bifida
	*Male	1 month old	Intestinal obstruction
	Male	1 hour old	Prematurity
	*Male	4 hours old	do.
	Male	2 days old	Aspiration pneumonia
	Female	3 months old	Meningocele
	*Male	17 hours old	Prematurity
	*Male	5 days old	Haemangioma of liver: internal haemorrhage
	*Female	10 months old	Broncho-pneumonia
	Female	5 months old	Gastro-enteritis
twin (	*Male	7 hours old	Prematurity
twin (	*Male	10 hours old	do.
	*Sex not recorded	1 day old	Asphyxia pallida
	*Male	5 months old	Broncho-pneumonia
	Male	4 months old	Asphyxia
	*Male	10 months old	Intussusception
	*Male	5 hours old	Prematurity
	*Female	7 days old	do.
	*Male	2 months old	Broncho-pneumonia

\*Died in hospital

From the above it will be evident that the two greatest causes of death are prematurity in the neo-natal period and broncho-pneumonia at later ages. Further reduction in our infantile mortality will necessitate concentration on the treatment and prevention of these two conditions and progress should clearly be possible.





Still Birth Rate

Still births have been registered since 1939 and the table below gives the rates for Airdrie and all Scotland in every year since then.

The rates are expressed as "per 1000 total births including still births".

Still Birth Rates

Year	Airdrie	All Scotland
1939	45	42
1940	53	42
1941	27	39
1942	36	38
1943	33	36
1944	28	32
1945	32	33
1946	37	32
1947	51	31
1948	29	29
1949	21	27
1950	33	27
1951	24	27
1952	38	26



# HEALTH VISITING STATISTICS

No. of Visits paid by the Health Visitors during the Year											
	Expectant Mothers		Children under 1 year		Children aged 1-5 years		Tuberculous Cases		Other Cases		Total Visits Paid
	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	
Health Visitors employed by the Authority	-	32	661	6,446	330	3,563	245	3,246	507	3,278	16,565
Health Visitors employed by Voluntary Organisations	-	-	-	-	-	-	-	-	-	-	-

## Other visits not noted above:

Home Help Supervisory Visits .....	692
Immunising Visits .....	1,028
Supervisory Visits to Old Persons' in Hostel .....	524
	<hr/>
	2,244
	<hr/>



### HOME NURSING SERVICE

National Health Service (Scotland) Act, 1947. Sect. 25.

This section of the Act required the local health authority to set up a home nursing service "for securing the attendance of nurses on persons who require nursing in their own homes".

At the appointed day there already existed in Airdrie an organisation set up in 1897 and maintained by voluntary subscription which was known as the Airdrie & District Nursing Association.

The Association provided nursing services within the Burgh and also in the immediately adjacent landward area of the County.

The Town Council, therefore, considered that the most suitable way of discharging their responsibilities under this Section of the Act would be to enter into an agreement whereby the Airdrie & District Nursing Association would provide such services in return for an appropriate financial adjustment.

This arrangement was initiated on July 5th, 1948. The Association discontinued its work in the County area and the three nurses employed became wholly employed on home nursing work within the Burgh. The arrangement has continued to work well during 1952 and the staff has now been increased to four nurses.

The original agreement with the Association provided for a review of the arrangements after 2 years. This was duly made at a joint meeting held with representatives of the Association during 1950. No major alteration of the agreement was found to be necessary and it was duly renewed for a further period of 5 years with provision for review at 2 years.

The number of visits paid by the nurses shows that their services continue to be in considerable demand. The scale of provision is now approximately that recommended by the Queens Institute of District Nursing, namely, one nurse on general nursing duties per 6-7000 of the population.

The service works very smoothly and co-operation with the general practitioners is complete since all requests for the services of the nurses are made directly to the Nurses' Home.

There are no special arrangements for liaison with the hospitals serving the area.

No special provision is made for a night nursing service.

District nurse training and refresher courses are arranged for by the Queens Institute of District Nursing to which the Association retains its affiliation.

Practically no consultation or treatment is given at the Nurses' Home, but the Home does act as a store and distribution centre for nursing equipment supplied by the local authority under its Equipment Loan Service arrangements.





HOME NURSING SERVICE STATISTICS

	No. of cases attended.	No. of visits paid to these cases.
By Home Nurses employed by the Authority	-	-
By Home Nurses employed by Voluntary Organisations	344 (252)	15,260 (9,113)

(The figures in brackets show the number of the total cases who were over 65 and the number of visits paid to these).



## 8. DOMESTIC HELP SERVICE

National Health Service (Scotland) Act, 1947. Sect. 28.

The provision of a home help service is one of the permissive sections of the National Health Service but it was apparent almost from the beginning that there was a demand for such facilities and that they could play a most useful part in alleviating hardship and distress, and indeed real domestic emergency which could not easily be assisted in any other way.

In our original scheme we undertook to start the service in February, 1949 with 4 domestic helps but this number quickly proved to be inadequate. Further expansion took place during 1950 from 18 to a total of 29, with a further increase to 53 at the end of 1951, and 68 at the end of the current year.

The cost to the authority is very considerable as many householders can contribute only a small weekly sum. The steadily rising cost of the service continues to be a matter of concern to the Authority.

The Service, while nominally under the control of the Medical Officer of Health, is administered from day-to-day by the Social Welfare Officer who has the assistance of the Superintending Nursing Officer in the choice of the actual persons employed and supervision of their work.

So far there has been a satisfactory supply of suitable women anxious to join the Service.

### DOMESTIC HELPS - STATISTICS 1952

(i)	No. of Domestic Helps employed at end of year	68
(a)	Whole-time .....	8
(b)	Part-time .....	60
(c)	Retaining Fee Basis .....	Nil
(ii)	No. of cases for which Helps were provided during year .....	203
(iii)	No. of cases in (ii) dealt with on account of confinement	
(a)	at home .....	34
(b)	in hospital .....	Nil
(iv)	No. of cases in (ii) provided on account of chronic sickness including age and infirmity (Aged 122, Tuberculosis 11, Others 36)	169
(v)	X-ray examinations of Home Helps (tuberculous households) .....	13



9. VACCINATION and IMMUNISATION

National Health Service (Scotland) Act, 1947. Sect.26.

Arrangements are in force whereby the local Registrar hands every person registering a birth a leaflet stressing the importance of infant vaccination and the Health Visitors take every opportunity subsequently of urging mothers to have their children vaccinated either at the Clinics or by their own doctors.

Unfortunately, despite these efforts a large proportion of infants do not receive protection.

Vaccination Statistics.

Primary Vaccinations.

(1) Typical vaccina .....	189	
(2) Vaccinoid reaction .....	50	
(3) Reaction of immunity .....	1	
(4) No reaction .....	26	
Total		266

Revaccinations.

(1) Typical vaccinia .....	53	
(2) Vaccinoid reaction .....	18	
(3) Reaction of immunity .....	7	
(4) No reaction .....	8	
Total		86

Grand Total 352



Year of birth of persons	Number of persons primarily vaccinated during period				Number of persons re-vaccinated during period				No. of persons reported as showing actual or alleged complications.
	Typical vaccination at 7-10th day	Accelerated reaction 5-7th day	Reaction greatest at 2-3rd day	No local reaction	Typical vaccination at 7-10th day	Accelerated reaction 5-7th day	Reaction greatest at 2-3rd day	No local reaction	
1952	104	28	1	14	9	-	1	4	-
1951	57	10	-	2	1	-	-	2	-
1950	8	-	-	1	-	-	-	-	-
1949	1	-	-	-	1	-	-	-	-
1948	1	1	-	-	2	-	1	-	-
1947	2	-	-	-	1	-	-	-	-
1946	-	-	-	1	1	-	-	-	-
1945	1	-	-	-	1	-	-	-	-
1944	-	-	-	1	-	-	-	-	-
1943	-	-	-	-	-	-	-	-	-
1942	-	-	-	-	-	1	-	-	-
1941	1	-	-	-	-	-	-	-	-
1940	-	-	-	-	-	-	-	-	-
1939	1	-	-	-	-	-	-	-	-
1938	-	-	-	1	-	-	-	-	-
1937 or earlier	13	11	-	6	37	17	5	8	-
Totals	189	50	1	26	53	18	7	14	Nil

Grand Total - 352





Diphtheria Immunisation.

The public attitude to diphtheria immunisation is fortunately much more enlightened than to vaccination and very little difficulty is now experienced by Health Visitors in persuading parents to have their children treated.

Visits were paid to all the schools in the area and immunisation or re-immunisation of the pupils in attendance was carried out as required.

For children below school age a weekly immunisation clinic was held throughout the year and every endeavour made to ensure that mothers brought their children for treatment.

Where a child had not been immunised by its first birthday a postal reminder was sent and special attention given to the case by the Health Visitor.

The tables overleaf give details of the actual work done during the year.

Combined prophylaxis against whooping cough and diphtheria has not so far been offered to the public for a variety of reasons.

These are principally:-

- (a) Doubt as to whether whooping cough immunisation is completely effective.
- (b) Additional injection required might adversely affect the success of our present diphtheria immunisation arrangements. A good deal of follow-up of defaulters is already required when only two injections are being given.
- (c) To be of greatest value whooping cough prophylaxis should be given very early in life. To give diphtheria toxoid so soon, runs the risk of indifferent immunisation results because of the carry-over of maternally bestowed antitoxin to the infant.
- (d) At the present moment only diphtheria prophylactic is supplied free.

An authoritative pronouncement on the position by the Department of Health would be of value in deciding the policy to adopt.



DIPHTHERIA IMMUNISATION

Return for year 1952 related to birth years of children  
treated (Clinic and Private Doctor returns aggregated)

Year of Birth	Number of children who completed a full course of immunisation during the year.	Number of maintenance inoculations given during the year
1952	21	-
1951	242	-
1950	54	-
1949	29	-
1948	15	10
1947	100	374
1946	58	167
1945	13	48
1944	2	28
1943	1	169
1942	1	121
1941	1	58
1940	-	47
1939	-	55
1938	-	24
1937 or earlier	-	4
	537	1,105



DIPHTHERIA IMMUNISATION

Health Department and Family Doctor returns shown separately

	By Health Dept. at Clinic or School		By Family Doctor		Totals
	Initial Course	Mainten- ance	Initial Course	Mainten- ance	
Pre- School Children	189	33	146	1	369
School Children	202	1,033	-	38	1,273
	391	1,066	146	39	1,642





# 10. Prevention of Illness, Care and After-Care.

## (a) Tuberculosis.

The tables which follow show that tuberculosis is still one of our major problems. Nevertheless, the figures for the year do indicate a welcome reduction in the number of new notifications and a reduction in the death rate to less than half.

In 1952 the number of confirmed notifications of tuberculosis of all forms was 46, of which total 38 had pulmonary disease and 8 had non-pulmonary lesions.

This represents a reduction of 12 from the previous year the difference being due to a decrease of 10 pulmonary cases and 2 non-pulmonary.

The death rate from pulmonary tuberculosis was 0.19 per 1,000 of the population and from non-pulmonary forms of the disease it was 0.03.

In 1951 the rates were 0.45 and 0.07 respectively.

The following table sets forth the position from 1940 onwards and is of interest in showing the trends of the disease.

### Pulmonary Disease - Airdrie Burgh.

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Notifica- tions	20	26	18	35	32	22	26	48	37	27	34	48	38
Deaths	14	11	13	12	13	10	22	15	14	20	15	14	6
Death Rate	0.51	0.40	0.47	0.44	0.48	0.37	0.77	0.50	0.46	0.65	0.49	0.45	0.19

### Non-Pulmonary Disease.

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Notifica- tions	11	15	16	12	8	17	14	8	11	10	8	10	8
Deaths	4	2	7	3	6	6	6	4	5	5	0	2	1
Death Rate	0.14	0.07	0.26	0.11	0.22	0.22	0.20	.13	.16	.17	00	0.07	.03

The tables overleaf are also of interest as showing a comparison between 1951 and 1952 for the whole of Lanarkshire including the other large burghs.



TUBERCULOSIS.

ALL LANARKSHIRE INCLUDING LARGE BURGHS.

Comparative statement showing Incidence and Deaths for  
the period January - December, 1951 and 1952.

INCIDENCE.

	<u>Respiratory</u>	<u>Non-Respiratory</u>
1951	527	142
1952	501	104
	Decrease - 26	Decrease - 38
	Percentage Decrease - 4.93%	Percentage Decrease - 26.76%

- - - - -

DEATHS.

	<u>Respiratory</u>	<u>Non-Respiratory</u>	
		<u>Tuberculous Meningitis</u>	<u>Others</u>
1951	136	14	8
1952	82	8	6
	Decrease - 54	Decrease - 8	
	Percentage Decrease - 39.70%	Percentage Decrease - 36.36%	



TUBERCULOSIS - LANARKSHIRE AREA.

Comparative Statement showing Incidence and Deaths for the Lanarkshire Area for the periods January - December, 1951 and 1952.

	Population	INCIDENCE				DEATHS				
		Respiratory		Non-Respiratory		Respiratory		T.B.M.		Others
		1951	1952	1951	1952	1951	1952	1951	1952	
Lanark C.C.	314,189	527	501	142	104	136	82	14	8	6
Airdrie	30,308	49	41	10	9	14	6	1	1	-
Coatbridge	47,538	124	57	17	9	30	13	7	1	-
Hamilton	40,173	67	54	5	9	19	17	2	1	3
Motherwell & Wishaw	68,137	200	143	17	24	34	19	5	1	1
Rutherglen	24,225	39	38	5	9	6	10	1	1	-
Totals Lanarkshire Area	524,570	1006	834	196	164	239	147	30	13	10
Increase =		-	-	-	-	-	-	-	-	-
Decrease =		172	- 17.09%	32	- 16.32%	92	- 38.49%	17	- 56.66%	1 - 9.09%





As explained previously in paragraph 2 the respective functions of the local health authority and of the hospital authority with regard to tuberculosis are very closely co-ordinated.

The Tuberculosis Physician has an office in the Health Department and all records are held in common. The two Infectious Diseases Nurses employed by the health authority staff the diagnostic and treatment clinics and also do all the domiciliary visitation of cases and contacts.

Great stress is laid on case-finding.

The diagnostic facilities of the weekly chest clinic are made most freely available to all the doctors in the area. Every effort is made to have all contacts examined and kept under supervision and a separate "contact clinic" is held in separate premises and at a different time from the regular tuberculosis clinic.

At the end of 1951 and in the beginning of the present year we had one of the periodic visits of the Mass Radiography Unit and a total of 3,095 persons were examined. About a third of these were school leavers and the response from the general public, despite widespread advertisement was rather disappointing.

The details of the survey were as follows:-

Total examined	3,095
Referred for large films	101
Did not re-attend	8
No abnormality on large film	26
Abnormality not significant and no further action required	
Tuberculous	15
Non-tuberculous	9
Significant abnormalities	
Tuberculous - for treatment	8
Tuberculous - for observation	17
Non-tuberculous lung conditions	19
Cardio-vascular conditions	2

A monthly B.C.G. clinic is now being held and tuberculin negative contacts are treated there by the Tuberculosis Physician. Children requiring segregation are accommodated in Arranview Children's Home by arrangement with the Welfare Committee.

The only extra nourishment given to tuberculous patients is milk. Vouchers are given to patients recommended by the Tuberculosis Physician and the milk is obtained from the customary milkman who renders to the Health Department his account accompanied by the voucher.

During the year 88 patients received free milk at a total cost of £510:-:-d.

Many parts of Scotland experience considerable difficulty in securing hospital accommodation for cases of tuberculosis but we have so far been relatively fortunate here and no case, in need of active treatment has to wait an unreasonable length of time for a bed.

Nevertheless/





Nevertheless, use could be made of more sanatorium accommodation because quite a number of sputum positive chronic cases are sent home although it is fully appreciated that it would be more desirable to retain them in isolation for a further period. The hospital authorities are, however, alive to this need and a considerable expansion of accommodation for tuberculous cases has taken place in the Lanarkshire Area since 1948. A table on page 51 shows the extent of this.

Generally speaking, however, no case is sent home to unsuitable housing conditions. The Council's Housing Pointage Scheme is heavily weighted in favour of the tuberculous patient and by co-operation between the Health Department, the Housing Department and the Sanitary Inspector's Department it is usually possible to make some satisfactory arrangement for such cases.

It is considered that the domiciliary work of the Infectious Diseases Nurses is particularly valuable in the after-care of the tuberculous patient.

The regular visits help to keep up the morale of the patient and the nurse is able to play a valuable part in educating the household in the measures necessary to avoid further infection. Her influence too is important in prevailing upon contacts to attend for examination and supervision.

She reports too on the patients' needs and recommends them for any necessary assistance in the way of bedding and clothing. The Council have arrangements for meeting such needs and during the year 14 patients received equipment amounting in value to over £150: -: -d.

The patients are also helped to obtain any additional National Assistance Board Grants to which they may be entitled.



B.C.G. Vaccination.

Group	Tuberculin-tested.		Negative re-actors.		Successfully Vaccinated.	
	M.	F.	M.	F.	M.	F.
(1) Nurses	-	1	-	1	-	1
(2) Medical Students	-	-	-	-	-	-
(3) Contacts	95	117	67	75	48	50
(4) Special Group						
(a) School Leavers	-	-	-	-	-	-
(b) New Born Babies	-	-	-	-	-	-
(c) Others	31	19	15	10	-	-



STATISTICAL SURVEY OF TUBERCULOSIS WORK DURING 1952.

The experience of the year is presented in four tables duplicated for pulmonary and non-pulmonary cases.

Table I gives a return of cases of tuberculosis notified during the year and subsequently confirmed.

Table II gives a return showing the number of cases which received treatment under the Tuberculosis Scheme in Sanatoria or other institutions during the year.

Table III shows the number of persons resident in the area who, at the end of the year, were known to be suffering from tuberculosis.

Table IV shows for the year the number of persons who died from tuberculosis in the area, and indicates the period which elapsed between notification and death, and between discharge from an institution and death.

TABLE I.  
Pulmonary Notifications 1952.

AGE GROUPS

	Under 1	1 & under 5	5 & under 10	10 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 65	65 & up- wards	Total
Males	-	1	-	2	3	4	2	4	-	16
Females	-	1	-	1	13	4	2	-	1	22
Total	-	2	-	3	16	8	4	4	1	38

Non-Pulmonary Notifications 1952.

AGE GROUPS

	Under 1	1 & under 5	5 & under 10	10 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 65	65 & up- wards	Total
Males	-	1	1	-	-	-	-	-	-	2
Females	-	2	-	-	1	1	1	-	1	6
Total	-	3	1	-	1	1	1	-	1	8





TABLE II.

Pulmonary Cases.

Institutional Treatment 1952.

	In Institu- tion on January 1.	Admitted during the year.	Discharged during the year.	Died in Institu- tions.	In Institu- tions on December 31
<u>Adults.</u>					
Males	17	17	17	1	16
Females	15	18	19	1	13
<u>Children.</u>					
Males	1	3	3	-	1
Females	1	3	2	-	2
Totals	34	41	41	2	32

Non-Pulmonary Cases.

Institutional Treatment 1952.

	In Institu- tion on January 1.	Admitted during the year.	Discharged during the year.	Died in Institu- tions.	In Institu- tions on December 31.
<u>Adults.</u>					
Males	1	1	1	-	1
Females	1	1	2	-	-
<u>Children.</u>					
Males	1	2	1	-	2
Females	1	2	-	-	3
Totals	4	6	4	-	6



TABLE III.

Known Pulmonary Cases 1952.

	Under 5.	5 & 10.	10 & 15.	15 & 25.	25 & 35.	35 & 45.	45 & 65.	65 & up-wards.	Total.
<u>Sputum examined</u> <u>T.B.</u> <u>found.</u>									
Males	-	-	-	5	20	12	11	1	49
Females	-	-	-	17	17	6	2	-	42
<u>Sputum examined</u> <u>T.B.</u> <u>never found.</u>									
Males	-	-	-	8	11	5	6	2	32
Females	-	-	1	15	10	3	2	1	32
<u>Sputum not examined</u> <u>or not present.</u>									
Males	4	-	4	5	-	1	-	-	14
Females	2	1	3	5	2	-	-	-	13
Totals	6	1	8	55	60	27	21	4	182



TABLE III.

Known Non-Pulmonary Cases 1952.

	Under 5.	5 & under 10.	10 & under 15.	15 & under 25.	25 & under 35.	35 & under 45.	45 & under 65.	65 & up- wards.	Total.
<u>Abdominal.</u>									
Males	1	-	-	-	-	-	-	-	1
Females	-	-	-	-	1	-	-	-	1
<u>Spine.</u>									
Males	-	-	1	-	2	1	-	-	4
Females	-	-	-	-	1	-	-	-	1
<u>Bones &amp; Joints.</u>									
Males	-	2	1	1	1	1	1	-	7
Females	1	1	-	1	2	1	-	1	7
<u>Superficial Glands.</u>									
Males	-	-	-	1	1	-	-	-	2
Females	-	3	2	2	2	1	-	-	10
<u>Lupus.</u>									
Males	-	-	-	-	-	1	-	-	1
Females	-	-	-	-	1	1	1	-	3
<u>Other Parts or Organs.</u>									
Males	-	-	-	-	-	1	1	-	2
Females	1	1	-	1	4	1	1	-	9
Totals	3	7	4	6	15	8	4	1	48



TABLE IV.

NUMBER OF PERSONS WHO DIED FROM PULMONARY TUBERCULOSIS IN AREA DURING YEAR ENDING 31st DECEMBER, 1952. PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

	<u>Males.</u>	<u>Females.</u>
Not notified or notified after death	1	-
Notified less than 1 month before death	-	-
Notified from 1-3 months before death	-	-
Notified from 3-6 months before death	-	-
Notified from 6-12 months before death	-	-
Notified from 1-2 years before death	-	-
Notified over 2 years before death	2	3
	<hr/>	
Total	3	3
	<hr/>	
No. who died within 28 days after discharge from Institution	-	-
No. who died more than 28 days after discharge from Institution	1	1

NUMBER OF PERSONS WHO DIED FROM NON-PULMONARY TUBERCULOSIS IN AREA DURING YEAR ENDING 31st DECEMBER, 1952. PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

	<u>Males.</u>	<u>Females.</u>
Not notified or notified after death	-	1
Notified less than 1 month before death	-	-
Notified from 1-3 months before death	-	-
Notified from 3-6 months before death	-	-
Notified from 6-12 months before death	-	-
Notified from 1-2 years before death	-	-
Notified over 2 years before death	-	-
	<hr/>	
Total	-	1
	<hr/>	
No. who died within 28 days after discharge from Institution	-	-
No. who died more than 28 days after discharge from Institution	-	-





# RESPIRATORY TUBERCULOSIS - LANARKSHIRE AREA.

Beds occupied as at undernoted dates.

A R E A													
	Lanarkshire	Lanark C.C.	Motherwell and Wishaw	Hamilton	Coatbridge	Airdrie	Rutherglen						
Date	M. F. Total.	M. F. Total.	M. F. Total.	M. F. Total.	M. F. Total.	M. F. Total.	M. F. Total.						
July 1948	187 247 434	109 158 267	28 27 55	6 20 26	20 20 40	9 7 16	15 15 30						
31.12.49	235 252 487	132 147 279	34 32 66	14 31 45	28 21 49	7 13 20	20 8 28						
30.9.50	239 344 583	153 212 365	33 50 83	17 38 55	19 26 45	5 9 14	12 9 21						
30.6.51	303 393 696	169 224 393	55 57 112	20 44 64	37 35 72	12 14 26	10 19 29						
31.12.51	336 395 731	188 221 409	54 58 112	20 35 55	45 54 99	17 15 32	12 12 24						
30.6.52	358 439 797	210 234 444	43 60 103	32 45 77	44 58 102	15 20 35	14 22 36						
31.12.52	336 372 708	201 207 408	40 62 102	27 28 55	36 39 75	15 16 32	16 20 36						



10. Prevention of Illness, Care and After-Care (contd.)

(b) Other illnesses generally.

No organised arrangements have so far been made for the care and after-care of illness other than tuberculosis.

(c) Care of Old People.

(i) Homes or Hostels.

During 1949 the Town Council acting as Trustees of a bequest known as the Strain Trust and in terms of the bequest took steps to set up a Home for Old Men.

They acquired a mansion house known as "Rosemount" Forrest Street.

This has now been remodelled and equipped to provide accommodation for up to fourteen elderly men who each pay a fee according to their means towards the cost of their maintenance. A married couple have been engaged and installed as warden and housekeeper.

The Home was formally opened on 12th October, 1949, by Mrs. Jean Mann, M.P., and is now known as Strain House in memory of the benefactor who left the bequest for its inception.

(ii) Hostel or similar accommodation.

The Local Authority also possess one block of fourteen single apartment houses which are kept for old people aged 60 and over.

These, however, do all their own work and have separate kitchen and lavatory accommodation. There is a common bathroom.

These persons are, of course, all independent tenants living entirely on their own and conducting their own affairs.

Nevertheless, they occasionally present something of a problem when they fall ill especially if they do so suddenly.

As a result of past experiences the Burgh Factor became worried about the matter and in 1951 asked for the help of the Health Department.

It was then arranged for one of the more active tenants to keep a register of everyone showing details such as next-of-kin and family doctor and to make a point of assuring himself unobtrusively each day that nobody is ill or in need of help.

He thus knows exactly whom to inform if anyone needs assistance.

In addition one of the Health Visitors makes contact almost daily so that her advice may be available to the unofficial "warden" and periodically she pays a fuller visit and sees all the old people.

Some/



Some time ago the authority also converted the old Burgh Fever Hospital in Wilson Street into twelve two-apartment houses which are reserved for old couples. They have separate cooking facilities, but there is some sharing of lavatory and bathroom accommodation. In some instances, sideboards, beds and other articles of furniture have been provided.

At the present moment there is no separate allocation of housing for old people. They merely take their turn for re-housing in accordance with the Council's Pointage Scheme.

(iii) Housing on Medical Grounds.

Special consideration is given to persons who submit that they require priority for housing because of their medical condition.

During the year 46 such cases were specially examined by the Medical Officer of Health and full reports submitted for the information of the Housing and Town Planning Committee.

(iv) Home Helps.

Any old person is eligible for assistance as required in terms of the Authority's Home Help Scheme.

(v) Old People's Clubs and similar organisations.

The Veterans Association have a club-room in the Central Public Park. This is provided by the Town Council.

There is an Old Age Pensioners Club in Callon Street with premises maintained by the pensioners themselves.

An Old Age Pensioners Club in Katherine Park meets in a shelter provided by the Town Council.

A scheme run by voluntary subscriptions in Dunrobin village provides treats for old folk at Christmas and New Year and also 'bus runs during the summer.

The Clarkston Miners' and Community Welfare provide somewhat similar facilities and entertain some 300 - 400 old people and Rawyards Social Club is active on a smaller scale.

The Town Council provided a very successful Old Folk's Treat comprising a luncheon and musical entertainment. Persons over the age of 70 were eligible and some 600 attended. A day sail to Largs via the Kyles of Bute was also held during the summer.

(vi)/





(vi) Charitable Bequests and Endowments.

There are a number of charitable bequests directed towards the welfare of old people. These are the Airdrie Female Benevolent Society and the Jane Nicol Bequest which distribute small sums of money and give general welfare attention by means of voluntary workers.

The Scottish Branch of the British Red Cross Society is also active.

The Town Clerk administers a number of endowments the income of which is spent upon the provision of coal both to old people and to necessitous cases during the winter months.



11A. CONTROL OF INFECTIOUS DISEASE.

The year 1952 proved to be a very uneventful one as far as infectious diseases were concerned.

There was nothing which could be described as an epidemic.

There were no cases of diphtheria.

Cases of scarlet fever were slightly above average in number but the type of disease continued to be extremely mild and complications were practically unknown.

The number of pneumonia cases notified was slightly above the average and practically all were removed to hospital. It is felt that many cases are only notified when they fail to respond to treatment at home.

Those admitted to hospital, therefore, comprise a high proportion of the dangerously ill cases and these disproportionately raise the hospital death rate.

Seven cases of dysentery were notified and five of these were removed to hospital at the practitioner's request. Here again it is certain that many cases go un-notified.

The two cases reported as food-poisoning were isolated infections with salmonella typhi-murium.

In view of the importance now attached to educating the public in methods of preventing the spread of gastrointestinal infections it is unfortunate that we do not receive more comprehensive information regarding the incidence of dysentery and similar diseases.

There were only two cases of puerperal pyrexia and none of puerperal fever. This record undoubtedly reflects the increased efficiency of our midwifery services although some of the success may also be due to the powerful chemotherapeutic resources now available to the practitioner.

Annual Notifications.

The table given overleaf shows the actual number of confirmed cases of various diseases which were notified during 1952 with the figures for the five previous years shown in parallel columns for comparison.



ANNUAL NOTIFICATIONS OF INFECTIOUS DISEASES

1952 COMPARED WITH FIVE PREVIOUS YEARS

	1947	1948	1949	1950	1951	1952
Cerebro-spinal Fever	-	-	-	5	3	4
Continued Fever	-	-	-	-	-	-
Diphtheria	5	3	1	1	-	-
Dysentery	1	1	3	2	15	7
Encephalitis Lethargica	-	-	-	-	-	-
Erysipelas	2	4	8	2	6	7
Acute Infectious Jaundice	-	-	-	-	-	-
Malaria	-	-	-	-	-	-
Ophthalmia Neonatorum	1	1	1	1	-	-
Acute Influenzal Pneumonia	-	-	-	4	3	7
Acute Primary Pneumonia	57	56	54	55	64	80
Other Pneumonias	-	-	-	-	1	-
Poliomyelitis (Acute)	7	-	-	5	-	-
Puerperal Pyrexia	4	6	2	2	1	2
Scarlet Fever	58	84	87	38	105	99
Smallpox	-	-	-	-	-	-
Tuberculosis (Pulmonary)	48	37	27	34	48	38
Tuberculosis (Non-Pulmonary)	8	11	10	8	10	8
Typhoid Fever	-	-	-	-	-	-
Paratyphoid A	1	-	-	-	-	-
Paratyphoid B	-	-	-	-	5	-
Typhus	-	-	-	-	-	-
Cholera	-	-	-	-	-	-
Chickenpox)	Not locally notifiable			1	6	-
Measles )				4	4	6
Whooping Cough	-	-	-	20	130	100
Food Poisoning	-	-	-	-	-	2
Puerperal Fever	-	1	2	-	-	-
	193	205	193	182	401	360



11B. INFESTATION.

The treatment of scabies has continued on the same lines as in previous years and although the condition is not nearly so prevalent as it was during the war years and particularly in 1943, a small number of cases continue to be notified to us or are brought for advice and treatment to the Child Welfare Clinic.

The table below shows the incidence experienced during the year under review.

Month.	New Cases.	Total Visits.	Cases Cured.	Cases Remaining.
<u>1952.</u>				
January	-	-	-	-
February	-	-	-	-
March	-	-	-	-
April	-	-	-	-
May	-	-	-	-
June	-	-	-	-
July	7	31	7	-
August	-	-	-	-
September	-	-	-	-
October	-	-	-	-
November	-	-	-	-
December	-	-	-	-

The Infectious Diseases Nurses also devoted attention to a number of other non-notifiable infectious diseases, including certain other contagious skin diseases.

These were:-

Ringworm	1 case
Impetigo	3 cases
Mumps	44 cases
Measles	36 cases
Chickenpox	24 cases
Rubella	10 cases
Pediculous capitis	3 cases

A total of 118 visits were paid in connection with the treatment of these cases.

Infestation with lice is a problem which comes more directly under the notice of the school health authorities and the problem has not otherwise been prominent, except in connection with cases admitted to hospital. A regrettably large proportion of these have verminous conditions of the head.





12. Mental Health Service.

National Health Service (Scotland) Act, 1947 - Sect. 51

The Health Committee is now responsible for the administration and general application of the mental health services of the Burgh and the resulting duties are carried out jointly by the Medical Officer of Health and the Welfare Officer under the general supervision of the former.

The Welfare Officer has been nominated Authorised Officer and his assistant is also available to act in a similar capacity when required.

The Authorised Officer is responsible for taking any necessary action under the Lunacy and Mental Deficiency Acts. He arranges for the removal to hospital of patients suffering from mental illness and he receives notice of their discharge. He supervises mental defectives from the Burgh who are under official guardianship and he carries out or arranges for their official visitation. Medical visitation is done by a local general practitioner on a fee per case basis.

He also supervises patients discharged from mental hospitals who reside within the Burgh.

Mental Illness.

During the year 30 cases of mental illness were admitted to hospital, 9 of whom were certified.

At 31st December, 1952, 65 cases of mental illness were being cared for in institutions and 8 cases at home.

Mental Deficiency.

During the year there were no new cases of mental deficiency. No new cases were admitted to institutions and no cases were placed under guardianship.

At the end of the year, 11 cases of mental deficiency were under treatment in institutions and 22 were being cared for at home or boarded out.

During the year the local branch of the Scottish Association for Mental Health was revived and some preliminary discussions took place with it. It is hoped that some arrangements for visitation and an Occupation Centre may emerge in due course.

13. Nurseries & Child Minders Regulations Act, 1948.

No applications were received under the provisions of this Act and no certificates are in force.



C. School Health Service.

For Airdrie Burgh the School Health Services are at present administered and carried out by Lanarkshire County Council in terms of their statutory duties under the Education Acts.

Discussions have been held in the past with the other Lanarkshire Burghs with a view to securing some integration of the School Health Services and the Child Welfare Services, either by the Education Authority arranging to delegate some of their functions as happens elsewhere in other Large Burghs in Scotland, or otherwise. Some measure of agreement with the principle involved was reached amongst the Burghs but approach to the County Council has so far been unproductive.

D. Port Health Administration.

Not applicable.

E. Food Supply.

(1) Milk.

The year's work in relation to the milk supply is fully discussed in the Report of the Sanitary Inspector.

No special circumstances in connection with outbreaks of milk borne disease were brought to light during the period under review.

(2) Ice Cream.

Details regarding the control of this commodity will also be found in the Report of the Sanitary Inspector.

(3) Meat and Other Foods.

Reference should be made to the Sanitary Inspector's Report.

(4) Clean Food.

The importance of clean methods of food handling and preparation has been stressed at talks given during the year.

(5) Food Poisoning.

No outbreaks of food poisoning were reported during the year, but there were two isolated instances of infection with s. typhi-murium.

(6) Nutrition.

An important part of the Health Visitors duty is to see that children are properly fed and to urge that both they and their mothers should take advantage of the vitamin supplements made available by the Ministry of Food.

In Airdrie the uptake of these products has generally compared favourably with other parts of Scotland, but they are still far from being fully utilised.



F. Miscellaneous.

(1) National Assistance Act, 1948.

(a) Provision of establishments under the Act and their medical supervision.

The Town Council have set up and now maintain a home for old men.

This is called Strain House and is partially supported by Endowment.

Each resident calls in his own doctor as required. There is no special medical supervision by the Local Authority.

(b) Registration and inspection of disabled or old persons homes (Sect. 37).

There are no homes in the area other than those under the control of the local authority.

(c) Removals (Sect. 47).

No action by the local authority was required.

(d) Care of Property (Sect. 48).

No action by the local authority was required.

(e) Burials (Sect. 50).

No action by the local authority was required.

(f) Welfare Services (Sect. 29).

No special welfare services at present come within the purview of the Health Department.

(2) Nursing Homes Registration (Scotland) Act, 1938.

With the extension of the Burgh boundary during the year one Nursing Home, previously registered by the County of Lanark, passed to the supervision of this local authority.

This is therefore now the only Home registered in the Burgh.

It provides accommodation in a converted mansion house for 23 old persons, mainly in need of nursing care and attention.

During the year the proprietor was called on to improve the Fire Protection arrangements and the work called for has now been largely carried out.

(3)/





(3) Health Education.

The Scottish Council for Health Education again gave us great assistance in planning and executing various Health Education projects.

Public film shows and lectures held in Cinemas have generally proved disappointing, not only in Airdrie but elsewhere. They are also very expensive and the Scottish Council for Health Education have withdrawn assistance of this kind and is now concentrating on giving somewhat similar shows to small "preformed" audiences.

By a "preformed" audience is meant some existing organisation such as a Women's Guild or Youth Fellowship which meets regularly and has an arranged syllabus of lectures.

During 1952 a total of 4 such meetings were held. Dr. A.G. Mearns, Dr. E. Neil Reid and Dr. J.M. Scott were the speakers.

These meetings have at least been more satisfying from our point of view than the large public film shows, as the audiences are interested and keen to initiate discussion, but they do not, of course, reach many people and those who do attend are not the sections of the population who are most in need of education.

G. General Sanitation.

No matters of special interest arose during the year under this heading.

Reference to the water supply and sewage disposal arrangements will be found on pages 2,3, and 4.



SUPERANNUATION

A total of 19 persons were medically examined for the purposes of the Superannuation Scheme.

D.H.S. CIRCULAR No. 101/1950

Two examinations were carried out under the provisions of the above circular.

MILK AND DAIRIES

FOOD AND DRUGS

HOUSING

FACTORY ACT, 1937

These matters are reported on in detail by the Sanitary Inspector, information regarding them will be found in his report.

The following information regarding factories is, however, included here to comply with the requirements of the Statute.



FACTORIES ACT 1937.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1952.

FOR THE \*BURGH OF AIRDRIE.

Prescribed particulars on the administration of the Factories Act, 1937.

1. Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspect- ions (4)	Written notices (5)	Occupiers prosecuted (6)	
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	1	48	13	-	-	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	122	24	-	-	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (‡) (excluding out-workers premises)	3	2	-	-	-	3
Total		172	37	-	-	

2. Cases In Which Defects were Found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)	M/c line No. (8)
		Found (3)	Remed- ied. (4)	To H.M. Inspect- or. (5)	By H.M. Inspect- or. (6)		
Want of cleanliness (S.1)	4	-	-	-	-	-	4
Overcrowding (S.2)	5	-	-	-	-	-	5
Unreasonable temperature (S.3)	6	-	-	-	-	-	6
Inadequate ventilation (S.4)	7	-	-	-	-	-	7
Ineffective drainage of floors (S.6)	8	-	-	-	-	-	8
Sanitary Conveniences (S.7)							
(a) insufficient	9	-	-	-	-	-	9
(b) unsuitable or defective	10	-	-	-	-	-	10
(c) Not separate for sexes	11						11
Other offences against the Act (not including offences relating to Outwork)	12	-	-	-	-	-	12
Total		-	-	-	-	-	

\*i.e. County or Burgh (‡) i.e. Electrical Stations (Section 103 (1)), Institutions (Section 104) and sites of Building Operations and works of Engineering Construction (Sections 107 and 108)



OUTWORK

Nature of Work	M/c line No.	Section 110			Section 111		
		No. of out- workers in August list required by Sect. 110 (1) (c)	No. of cases of default in send- ing lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prose- cution
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Wearing apparel Making, etc.	13	1	-	-	-	-	-
Total		1	-	-	-	-	-



